

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>W</i>	<i>68904</i>	<i>3/1/00</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>3-3-00</i>
FORMALITY REVIEW		<i>711634</i>	<i>4/19/00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
■	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final Original	
1	<i>3/24/02</i>
2	<i>3/24/02</i>
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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